

ONE-TIME PUBLIC DANCE PERMIT APPLICATION

FEE: \$10.00/day

LMC Chapter 5.20

RETURN TO:

City Clerk's Office, 555 S. 10th St., Lincoln NE 68508

PLEASE ALLOW 2 WEEKS FOR PROCESSING

NOTE: You **must** provide a site plan which would include a diagram of the space to be used for dancing, dressing rooms, check rooms, bathrooms, entrances, exits, stairways, elevators & fire escapes. Applications will not be processed until such site plan is on file with the City Clerk's Office.

APPLICATION WILL BE RETURNED IF THIS IS NOT SUPPLIED. A new Application must be submitted if any change is made from the application as previously submitted & approved.

Please PRINT using blue or black ink only.

APPLICANT'S INFORMATION (must be 21 yrs. of age)					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		CELL#:		FAX #:	
D.O.B.:					

BUSINESS INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		CELL#:		FAX #:	

MAILING INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

PROPERTY OWNER'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

EVENT INFORMATION	
<i>Note: Lincoln Municipal Code Section 5.20.130 requires all dances to end by 1 a.m.</i>	
DATE(S):	
HOURS:	
PURPOSE:	
LOCATION:	

MAX. # OF PERSONS ALLOWED ON THE PREMISES: _____

FLOOR(s) OF THE BUILDING WHERE THE DANCING & ALL OTHER ROOMS WILL BE LOCATED:

EMPLOYEE INFORMATION		
<i>Names of all persons employed by applicant in conducting dance</i>		

Have any of the above-named individuals been found guilty or plead guilty to a misdemeanor involving moral turpitude or have been convicted or plead guilty to any felony?

Yes _____ No _____ If yes, give particulars: _____

SIGNATURE OF APPLICANT DATE PRINTED NAME OF APPLICANT

Applications are available on the City's web site at "www.lincoln.ne.gov"

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

PARKS DEPARTMENT: *(only if event involves Park property)*

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

